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APPLICANTS

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** CONTINUING DATA *****

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[Signature]

** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Verified and Acknowledged <i>[Signature]</i>	Examiner's Signature <i>[Signature]</i>	Initials	4	48	1

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TITLE

Intraocular lenses

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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